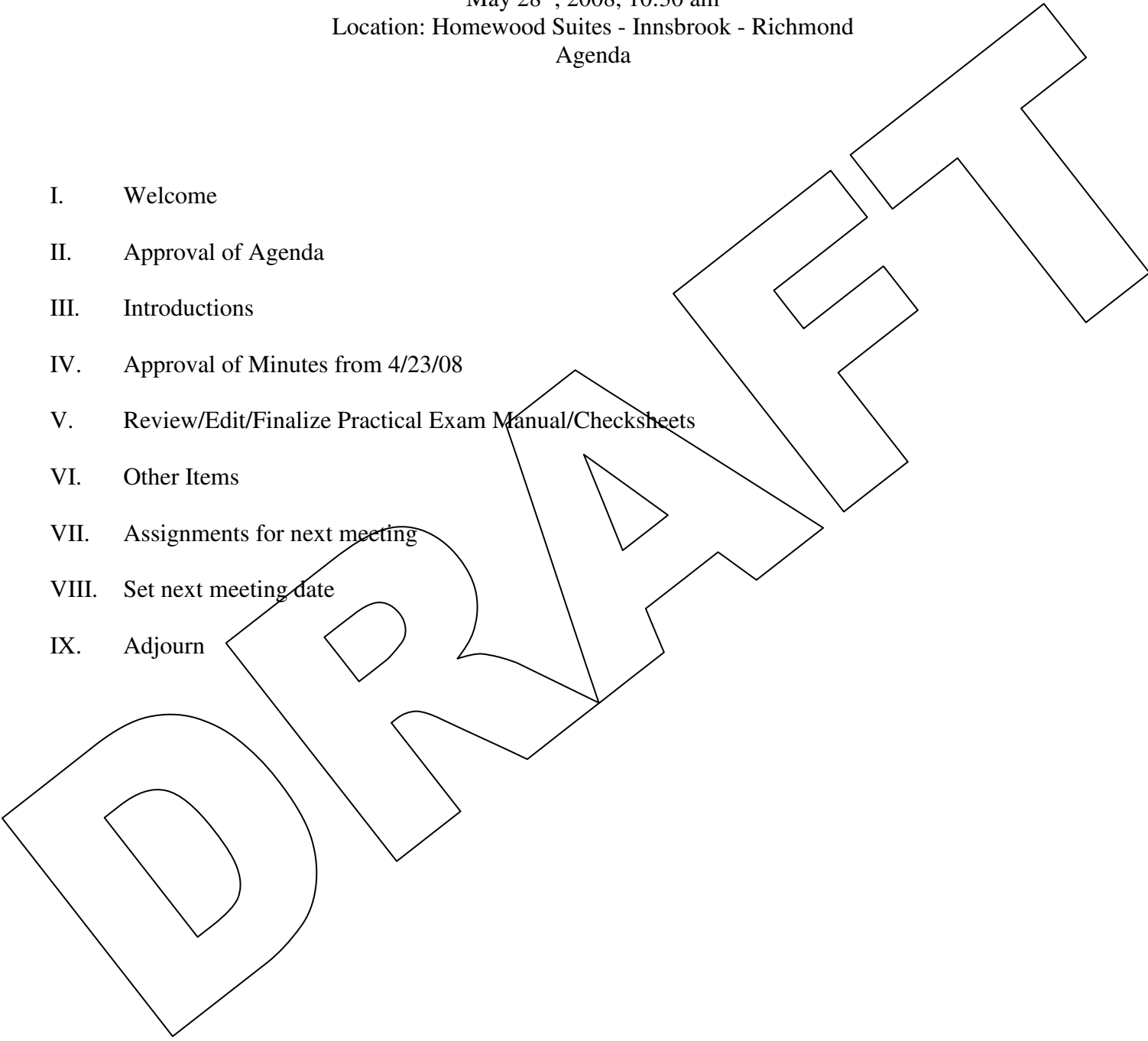


BLS Certification Test Committee
Homewood Suites-Richmond, Virginia
May 28, 2008
10:30 am

Members Present:	Members Absent:	Staff:	Others:
Jeffrey Reynolds-Chair Tom Olander Diane Hutchison Debbie Akers PJ Fleenor Teresa Ashcraft Kathy Eubank	Mel Losick-Excused Steve Wade-Excused Dreama Chandler	Greg Neiman	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
I. Welcome	The meeting was called to order at 11:05	
II. Approval of Agenda	The Committee reviewed the proposed Agenda (Attached)	Approved by General Consent
III. Introductions	Introductions were not necessary	
IV. Approval of Minutes from the Previous meeting	The Committee reviewed the minutes from the April 23, 2008 meeting. (ATTACHMENT: A)	Approved by General Consent
V. Review/Edit/Finalize Practical Exam Manual	The Committee reviewed the changes proposed by the Committee Members (ATTACHMENT: B) Trauma Assessment Long Bone/Joint Splinting	
VI. Other Items	None	
VII. Assignments for the Next Meeting	Review your Practical Exam Manual Changes again and bring back to next meeting. Greg will send out Scenario Template	
VIII. Set next meeting date	June 24, 2008 10:30am-2:30pm, Location TBA	
IX. Adjourn	The meeting was adjourned at 2:45pm	

BLS Certification Test Committee
May 28th, 2008, 10:30 am
Location: Homewood Suites - Innsbrook - Richmond
Agenda

- 
- I. Welcome
 - II. Approval of Agenda
 - III. Introductions
 - IV. Approval of Minutes from 4/23/08
 - V. Review/Edit/Finalize Practical Exam Manual/Checksheets
 - VI. Other Items
 - VII. Assignments for next meeting
 - VIII. Set next meeting date
 - IX. Adjourn

**May 28, 2008 Minutes of the
BLS Certification Test Committee
ATTACHMENT: A**

**Approved April 23, 2008 Minutes of the
BLS Certification Test Committee**

**BLS Certification Test Committee
Comfort Suites - Richmond, Virginia
April 23, 2008
10:30 am**

Members Present:	Members Absent:	Staff:	Others:
Jeffrey Reynolds PJ Fleenor Steve Wade Diane Hutchison Debbie Akers Tom Olander	Dreama Chandler Mel Losick	Greg Neiman	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
I. Welcome	The meeting was called to order at 10:am	
II. Approval of Agenda	The Committee reviewed the Agenda (See Attached)	Approved by general consent
III. Introductions	Introductions were not necessary.	
IV. Approval of Minutes	The Committee reviewed the draft Minutes from the March 19, 2008 (ATTACHMENT: A)	Approved by general consent
V. Review/Edit/Finalize Practical Exam/Checksheets	Review/Edit/Finalize Practical Exam/Checksheets After an extensive discussion, the Committee members agreed that as far as the Random skill stations are concerned, there will be 1 complete set of equipment, an evaluator, an assistant and a patient for each station needed to accommodate the number of students.	
VI. Other Items	The Committee began reviewing the Practical Exam Manual. Due to the lateness of the hour, the members decided to divide up the sections as assignments for the next meeting.	
VII. Assignments for next meeting	Trauma-Debbie Medical-Teresa Seated/Supine Diane & Kathy Airway-Tom Olander Traction Splint – Steve Extremity Splinting-PJ Bleeding wounds & Shock-Jeffrey Reynolds	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	<p>Sections to Greg by May 19, 2008</p> <p>Scenarios-Each Committee member will produce 1 Trauma & 1 Medical Scenario – Greg to send out template.</p> <p>CTS Manual – PJ & Greg</p>	
VIII. Establish Meeting Dates	Wednesday May 28 th , 10:30am Location TBA	
XI. Adjourn	The Committee adjourned at 2:35 pm	

BLS Certification Test Committee
April 23rd, 2008, 10:30 am
Location: Comfort Suites - Innsbrook - Richmond
Agenda

- I. Welcome
- II. Approval of Agenda
- III. Introductions
- IV. Approval of Minutes from 3/19/08
- V. Review/Edit/Finalize Practical Exam Manual/Checksheets
- VI. Other Items
- VII. Assignments for next meeting
- VIII. Set next meeting date (Joint with Eval Committee?)
- IX. Adjourn

May 28, 2008 Minutes of the BLS Certification Test Committee

ATTACHMENT: B Practical Exam Manual Revisions

Instructions to the Practical Skills Examiner

Patient Assessment/Management Trauma

This station is designed to test the candidate's ability to integrate patient assessment and intervention skills on a victim with multi-systems trauma. Since this is a scenario based station, it will require some dialogue between the examiner and the candidate. The candidate will be required to **physically accomplish** through a hands-on assessment, all steps listed on the evaluation document. However, all interventions will be spoken instead of physically accomplished. Because of the limitations of moulage, you must establish a dialogue with the candidate throughout this station. If a candidate quickly inspects, assesses or palpates the patient in a manner which you are uncertain of the areas or functions being assessed, you must immediately ask the candidate to explain his/her actions. For example, if the candidate stares at the patient's face, you must ask what he/she is assessing to precisely determine if he/she was checking the eyes, facial injuries or skin color. Any information pertaining to sight, sound, touch, smell, or an injury that can not be realistically moulaged but would be immediately evident in a real patient encounter must be supplied by the examiner **as soon as the candidate exposes or assesses** that area of the patient.

This skill station requires the presence of a simulated trauma victim. The victim will be briefed on his/her role in this station as well as how to respond throughout the assessment by the candidate. Additionally, the victim will have read thoroughly the "Instructions to the Simulated Trauma Victim." Trauma moulage will be used as appropriate. Moulage may range from commercially prepared moulage kits to theatrical moulage. Excessive/dramatic use of moulage must not interfere with the candidate's ability to expose the victim for assessment.

The victim will present with a minimum of an airway, breathing, or circulatory problem and one associated injury or wound. It is essential that once a scenario is established for a specific test station, it remains the same for all candidates being tested in that station. This will ensure consistency of the examination process for all candidates.

Candidates are required to conduct a scene size-up just as they would in a field setting. When asked about the safety of the scene, the examiner must indicate whether or not the scene is safe to enter. If the candidate does not assess the safety of the scene before beginning patient care, no points will be awarded for the task **"Determines the scene is safe"**.

An item of some discussion is where to place vital signs within a pre-hospital patient assessment. Obtaining precise agreement among various EMT texts and programs is virtually impossible. Where the assessment of vitals has been placed on the evaluation document will not be construed as the only place that vital signs may be obtained. It is merely the earliest point in a pre-hospital assessment that they may be obtained. As the examiner, you will award one point for vital signs as long as they are obtained according to the patient's condition. The scenario format of a multi-trauma assessment/management testing station requires the examiner to provide the candidate with essential information throughout the examination process. Since this station uses a simulated patient, the examiner must supply all information pertaining to sight, sound, smell or touch that can not be adequately portrayed with the use of moulage. This information will be given to the candidate when the area of the patient is exposed or assessed.

The candidate may direct one of their imaginary EMT assistants to obtain patient vital signs. The examiner must provide the candidate with the patient's pulse rate, respiratory rate and blood pressure when asked. The examiner must give vital signs as indicated on the scenario furnished by the state site examiner.

Due to the scenario format and voiced treatments, a candidate may forget what he/she has already done to the patient. This may result in the candidate attempting to do assessment/intervention steps on the patient that are physically impossible. For example, the candidate may have voiced placement of a cervical collar in the initial assessment and then later, in the detailed physical examination, attempt to evaluate the integrity of the cervical spine. Since this cannot be done without removing the collar, you, as the examiner, will remind the candidate that previous treatment prevents assessing the area. This same situation may occur with splints and bandages.

Each candidate is required to complete a detailed physical examination of the patient. The candidate choosing to transport the victim immediately after the initial assessment must be instructed to continue the detailed physical examination enroute to the hospital. You will be aware that the candidate may accomplish portions of the detailed physical examination during the rapid trauma assessment. For example, the candidate must inspect the neck prior to placement of a cervical collar. If the candidate fails to assess a body area prior to covering the area with a patient care device, no points will be awarded for the task. However, if a candidate removes the device, assesses the area and replaces the device without compromising patient care, full points will be awarded for the specific task.

INSTRUCTIONS TO THE CANDIDATE

PATIENT ASSESSMENT/MANAGEMENT TRAUMA

This station is designed to test your ability to perform a patient assessment of a victim of multi-systems trauma and "voice" treat all conditions and injuries discovered. **You are required to physically accomplish a hands-on assessment.** You must conduct your assessment as you would in the field, including communicating with your patient. You may remove the patient's clothing down to shorts or swimsuit if you feel it is necessary. Clinical information not obtainable by visual or physical inspection will be given to you after you demonstrate how you would normally gain that information. You may assume that you have two EMTs working with you and that they are correctly carrying out the verbal treatments you indicate. You have (10) minutes to complete this skill station. Do you have any questions?

INSTRUCTIONS TO THE PRACTICAL SKILLS EXAMINER

SPLINTING SKILLS

This station is designed to test the candidate's ability to use various splints and splinting materials to properly immobilize long bone and joint musculoskeletal injuries. Each candidate will be required to do one of the following:

1. Splint a long bone injury using a rigid splint and/or swing and swathe.
2. Splint a joint injury using a rigid splint, pillow and/or swing and swathe.

IMMOBILIZATION SKILL – LONG BONE

The candidate is tested on his/her ability to properly immobilize a swollen, deformed extremity using a rigid splint. The candidate will be advised that a scene size-up and initial assessment have been completed on the victim and that during the assessment a deformity of a long bone was detected. The victim will present with a non-angulated, closed, long bone injury of the upper or lower extremity - specifically an injury of the radius, ulna, humerus, tibia, or fibula.

The candidate will then be required to treat the specific, isolated extremity injury. Initial and ongoing assessment of the patient's airway, breathing and central circulation are not required at this testing station. The candidate will be required to assess motor, sensory and circulatory function in the injured extremity prior to and after splinting.

When splinting the upper extremity, the candidate is required to immobilize the hand in the position of function. A position that is to be avoided is the hand secured with the palm flattened and the fingers extended. A sling and swathe is required to “**secure entire injured extremity**”.

When splinting the lower extremity, the candidate is required to immobilize the foot in a position of function. Two positions to be avoided are gross plantar flexion and gross plantar extension. The use of long boards and cravats or a Velcro splint is required to “**secure entire injured extremity**”.

IMMOBILIZATION SKILLS - JOINT INJURY

The candidate is tested on his/her ability to properly immobilize a joint injury. The candidate will be advised that a scene size-up and initial assessment have been completed and that during the focused assessment a joint injury is detected. The victim will present with a shoulder, elbow, knee or ankle injury. For the purpose of this station the injury should be presented in a way that can be readily splinted.

The candidate will be required to treat only the specific joint injury. Initial and ongoing assessment of the patient's airway, breathing and central circulation are not required at this testing station. The candidate will be required to check motor, sensory and circulatory function in the injured extremity prior to and after splinting.

INSTRUCTIONS TO THE CANDIDATE IMMOBILIZATION SKILLS - LONG BONE

This station is designed to test your ability to properly immobilize a closed, non-angulated long bone injury. You are required to treat only the specific, isolated injury to the extremity. The scene size-up and initial assessment have been completed and during the assessment a closed, non-angulated injury of the _____ (radius, ulna, humerus, tibia, fibula) was detected. Ongoing assessment of the patient's airway, breathing, and central circulation is not necessary. You may use any equipment supplied for this station. You have (10) ten minutes to complete this skill station. Do you have any questions?

INSTRUCTIONS TO THE CANDIDATE IMMOBILIZATION SKILLS - JOINT INJURY

This station is designed to test your ability to properly immobilize a non-complicated joint injury. You are required to treat only the specific, isolated injury to the joint. The scene size-up and initial assessment have been completed and during the assessment a _____ (shoulder, elbow, knee, ankle) injury was detected. Ongoing assessment of the patient's airway, breathing, and central circulation is not necessary. You may use any equipment available for this station. You have (10) ten minutes to complete this skill station. Do you have any questions?